FORM D

Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Number 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response 16.00

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Washington, DC

	PROCE	SSED SEC USE ONLY				
NOTICE OF SALE OF SECURITIES	11100-	Prefix	Serial			
PURSUANT TO REGULATION D,	AUG 28	2008				
SECTION 4(D), AND/OR	T-	I DATE RECE	IVED			
UNIFORM LIMITED OFFERING EXEMPT	THEOMSON	REUTERS				

Regional U.K. Partners III, L.P.	ent and name has changed, and in	dicate change.) £350,000),000.00 of Limited Pari	tnership Interests in Higheross			
Filing Under (Check box(es) that apply):	Rule 504	5 🛚 Rule 506	Section 4(6)	ULOE			
Type of Filing: New Filing 🗵	Amendment						
	A. BASIC IDENT	IFICATION DATA					
1. Enter the information requested about the issu	er						
Name of Issuer (check if this is an am	endment and name has changed, a	and indicate change.) Hig	heross Regional U.K. P	Partners III. L.P.			
<u> </u>							
Address of Executive Offices (Number and Street,	, City, State, Zip Code) c/o Highe	ross Strategic Partners	Telephone Number				
III, L.L.C., c/o Palmeri Fund Administrators, I	6-00 Route 208 South, Fair Lav	vn, NJ 07410,	(201) 475-8072				
Attention: Kevin O'Neill							
Address of Principal Business Operations (Number	er and Street, City, State, Zip Code	;)	Telephone Number 08058523				
(if different from Executive Offices)				"			
Brief Description of Business The business is to i	dentify potential investments, dire	ectly or indirectly, in real p	property; and to acquire,	hold, improve, develop, construct,			
maintain, operate, lease, manage, mortgage, encur		herwise deal in or exercise	e control over real proper	rty relating to or underlying			
investments, all such real property within the Unit	ed Kingdom.						
Type of Business Organization				10.5			
☐ corporation ☒	limited partnership, already for		other (please s	pecify):			
business trust	limited partnership, to be forme						
		Month	Year				
Actual or Estimated Date of Incorporation or Orga	anization:	0 2	0 8	Actual Estimated			
Jurisdiction of Incorporation or Organization: (En	nter two-letter U.S. Postal Service	abbreviation for State;		<u></u>			
CN for Canada	; FN for other foreign jurisdiction)	FN				

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter ■ Executive Officer Director General and/or Check Box(es) that Apply: Beneficial Owner Managing Partner Full Name (Last name first, if individual) **Highcross Strategic Advisers Limited** Business or Residence Address (Number and Street, City, State, Zip Code) St. Catherine's House, Oxford Square, Oxford Street, Newbury, Berkshire RG14 1JQ United Kingdom Check Box(es) that Apply: Promoter Beneficial Owner □ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) The Trustees of Princeton University Business or Residence Address (Number and Street, City, State, Zip Code) 22 Chambers Street, Suite 400, Princeton, NJ 08542 Attn: Jonathan Erickson and Drew Riedl Promoter ⊠ Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) HRUKP III Holdings, LLC Business or Residence Address (Number and Street, City, State, Zip Code) The Corporation Trust Company, 1209 Orange Street, Wilmington, DE 19801 Executive Officer Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Higheross Stategic Partners III, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 22 Grenville Street, St. Helier, Jersey, JE4 8PX, Channel Islands General and/or ☐ Beneficial Owner **Executive Officer** Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) . Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Beneficial Owner **Executive Officer** Director Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner **Executive Officer** ☐ Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner

A. BASIC IDENTIFICATION DATA									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

					В. І	NFOR	MATIO	N ABC	UT OF	FERI	١G				
1.	Has the iss	uer sold o	r does the	e issuer ir	itend to se	ell, to nor	n-accredit	ed invest	ors in this	offering	?			Yes	No
				Α	nswer als	so in App	endix, Co	olumn 2,	if filing u	nder ULC	E.				\boxtimes
2. What is the minimum investment that will be accepted from any individual?											£ 5,000,	000			
														Yes	No
3.	Does the offering permit joint ownership of a single unit?										\boxtimes				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												N/A			
Full	Name (Las				imormati	On for the	at broker	or dealer	only.						
1 un		t manie m	oi, ii iiidi	viduai)											
Busi	ness or Res	idence A	ddress (N	umber an	d Street,	City, Stat	e, Zip Co	de)						•	
Nam	e of Assoc	iated Brok	er or Dea	ıler											
	s in Which ck "All Sta													All States	
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		An otates	
[IL		[IA]	[KS]	. , [KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[M]] [NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full	Name (Las	t name fir	st, if indi	vidual)											
Busi	ness or Res	idence Ac	idress (N	umber an	d Street, 6	City, Stat	e, Zip Co	de)							<u>.</u>
Nam	e of Associ	ated Brok	ker or Dea	ıler											
	s in Which					ls to Soli	cit Purcha	sers							
*	ck "All Sta				•		(DD)						📙	All States	
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL] [M]		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN]	[MS] [OR]	[MO] [PA]			
[RI		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[OK] [WI]	[WY]	[PR]			
_	Name (Las						[,,,,]		1		[]	1			
Busi	ness or Res	idence Ac	idress (N	umber an	d Street, (City, Stat	e, Zip Co	de)							
Nam	e of Associ	ated Brok	er or Dea	ıler							· · · · · ·				
	es in Which eck "All Sta					ls to Solie	it Purcha	sers						All States	
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL		[IA]	[KS]	[KY]	[LA]	[MA]	[MD]	[ME]	[MI]	[O.1] [MN]	[MS]	[MO]			
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[R1		[SD]	ITNI	(TX)	шті	IVT)	ΓVA1	IWAI	iwvi	(WII	IWYI	(PR)			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the column below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price			Amount ready Sold
	Debt:	£	_	£	0
	Equity	£0		£	0
					N/A
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	£ 0	_	£_	0
	Partnership Interests	£ 0		£ _	0
	Other (Specify Limited Partnership Interests)	£ 350,000,000		£	316,260,000
	Total	£ 350,000,000		£	316,260,000
	Answer also in Appendix, Column 4, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Dol	aggregate lar Amount Purchases
	Accredited Investors	19	_	£	316,260,000
	Non-accredited Investors	0	_	£	0
	Total (for filings under Rule 504 only)		_	£_	
	Answer also in Appendix, Column 3, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				N/A
	Type of Offering	Type of			Dollar
	Rule 505	Security		_	nount Sold
		N/A	_	£ _	N/A
	Regulation A	N/A	_	ř. –	N/A
		N/A		£ _	N/A
	Total	N/A	_	ž —	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	N/A			N/A
	Transfer Agent's Fee			£ _	N/A
	Printing and Engraving Costs			£	N/A
	Legal Fees		\boxtimes	£ _	84,300
	Accounting Fees	**********************	\boxtimes	£	0
	Engineering Fees			£	N/A
	Sales Commissions (Specify finder's fees separately)			£ _	N/A

	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES	AND	U	SE OF PROC	EE	DS
	Total					XI	£ 84,300
	b. Enter the difference between the aggregate Question I and total expenses furnished in response the "adjusted gross proceeds to the issuer."	nse to Part C-Question 4.a. This difference is	;				£ 349,915,700
5.	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the am estimate and check the box to the left of the es equal the adjusted gross proceeds to the issuer above.	ount for any purpose is not known, furnish an timate. The total of the payments listed must) [
					Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees			£_	0 [£0
	Purchase of real estate		\supset	£	0 []	£0
	Purchase, rental or leasing and installation o	f machinery and equipment	\supset	£_	0_		£0
	Construction or leasing of plant buildings ar	nd facilities		£	<u> </u>		£0
	offering that may be used in exchange fo	g the value of securities involved in this or the assets or securities of another issuer	1	£	0_0	7	£ 0
	,			_	0 [- -	£ 0
	* -				0 [2		£ 349 915 700
	Other (specify	_	5	_	0		£0
			⊐	£	0		£
	Column Totals		_	£	0 [2	ব	£ 349,915,700
)		_	Ø £ 34°		
		D. FEDERAL SIGNATURE					
sig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accredi	furnish to the U.S. Securities and Exchange Co	ommis	sio	is filed under Ru n, upon written re	le 50 ques	05, the following st of its staff, the
Hi By	uer (Print or Type) ghcross Regional U.K. Partners III, L.P. : Highcross Strategic Partners III, L.L.C., Its meral Partner	Signatures A.V.		Date A L	ysust 21		_, 2008
Nε	me of Signer (Print or Type)	Titles of Signers (Print or Type)			· · · · · · · · · · · · · · · · · · ·		
Si	non Burgess and Alex King	Authorized Representative					

ATTENTION

C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND USE OF PROCEEDS								
E. STATE SIGNATURE									
* , -	tly subject to any of the disqualification provisions of such rule?								
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
 The undersigned issuer hereby undertakes to furn offerees. 	ish to the state administrators, upon written request, information furnished by the issuer to								
 The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. 									
The foregoing undertakings and representations shall be enforceable against the issuer only to the extent that such undertakings and representations are required to be made after application of the National Securities Markets Improvement Act of 1996.									
The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.									
THE FOREGOING UNDERTAKINGS AND REPRONLY TO THE EXTENT THAT SUCH UNDERTA APPLICATION OF THE NATIONAL SECURITIES	RESENTATIONS PROVIDED SHALL BE ENFORCEABLE AGAINST THE ISSUER KINGS AND REPRESENTATIONS ARE REQUIRED TO BE MADE AFTER BMARKETS IMPROVEMENT ACT OF 1996								
Issuer (Print or Type) Higheross Regional U.K. Partners III, L.P. By: Higheross Strategic Partners III, L.L.C., Its General Partner	Signatures A.K. San Date Ayust 21, 2008								
Name of Signer (Print or Type)	Titles of Signers (Print or Type)								
Simon Burgess and Alex King	Authorized Representative								

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

A	TT	E	N	ΓĮ	O	Ν
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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001). CHI-1662033vI

